

"This conference was beneficial to all women, regardless of color!"

What Participants Had to Say:

"This was an inspirational conference for women of color. Participants were given information relevant for their clients, patients and colleagues."



"This is one of the best Conferences I have ever attended."



"The conference was really great – so many excellent speakers, networking opportunities, and great women, doing great work!"

2004 MINORITY WOMEN'S HEALTH SUMMIT EVALUATION SUMMARY



Volume I, Issue I

January 2005

Bringing Minority Women's Health to the Forefront

The 2004 Minority Women's Health Summit entitled "Women of Color, Taking Action for a Healthier Life: Progress, Partnerships and Possibilities" took place from August 12-15, 2004 at the JW Marriot in Washington, DC. There were 485 women's health advocates to pre-register for the Summit and even more to register onsite!

This eminent event was mainly sponsored by the Department of Health and Human Services Office on Women's Health, Minority Women's Health Panel of Experts, National Hispanic Medical Association and National Medical Association. However varying levels of support was provided by other federal, state and local partners.

Overall, participants enjoyed the multiple opportunities to network, the exercise activities in the plenary sessions, the range of topics and the fact that the conference was very informative. Conference participants were asked to rate the

usefulness of each program component. The following is a ranking of the program components that participants found 'very useful':

1. Exhibits (32.8%)
2. Networking, Poster Sessions (29.7%)
3. Wellness Center (27.3%)
4. Health Education (18.8%)
5. Community Showcase (17.2%)
6. Minority Women's Health Panel of Experts (14.8%)
7. AHRQ, Access to Care, HIV/AIDS Prevention (12.5%)
8. Cardiovascular Disease (11.9%)
9. SAMHSA (9.4%)
10. Nutrition, Lupus, Domestic Violence, Physical Activity, Gynecological Issues, Mental Health (6.3%)
11. Diabetes (6.2%)
12. Coordinating Committee on Women's Health, Breastfeeding, HIV Clinical Trials, FDA, Kidney Disease, Sexual Assault, Research, Substance Abuse (4.7%)

13. Pregnancy, SIDS, Organ & Tissue Donation, OMH (3.1%)

14. Cancer (2.3%)

15. CDC, Disability (1.6%)

There were a total of 24 exhibitors in the exhibit hall, which was open on 3 days of the 4 day Summit. This proved fruitful since the majority of participants found this to be the most useful component.

The last event on opening night was the 2 hour networking event. This event was tied at second place for its level of usefulness with the poster sessions. The poster sessions were offered for a total of 3 hours across a span of two days. The coordinating committee can use this list to prioritize the sessions offered at future summits. The top 5 sessions found to be most useful can be repeated throughout the program with less focus on those topics not found to be 'very useful'.

All in all, the summit was a huge success!

Community Showcase: Featuring 22 Health Organizations

A special highlight of the Summit was the Community Showcase of "Programs that Work: Sharing Our Experiences". This showcase was ranked as the 5th most useful Summit component.

One participant shared that the showcase was a "great opportunity to hear about different programs across the nation". Others in attendance

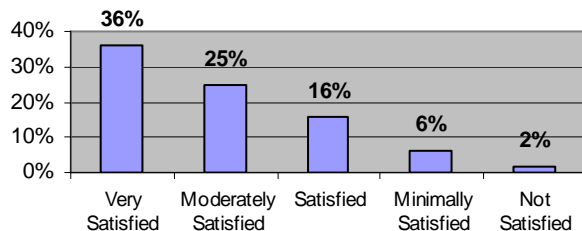
shared the same sentiment but one participant said that "some speakers did not have successful programs and some didn't even talk about a particular program".

Because participants expressed an interest in learning about the work of community based organizations (CBOs), they offered suggestions on how to improve future showcases:

- Include theory-based programs with strong evaluation components
 - Reduce the amount of speakers or increase the allotted time
 - Reduce repetitiveness
 - Provide tips to speakers to present in a more interesting way
- Thanks to all the CBOs for sharing programs that 'work'!

How can Summit logistics be improved?

Pre-Conference Logistics



"Somehow, I was not registered for the conference.

After it was confirmed that I was with an OWH Regional Office they quickly and professionally handled the paperwork. No fuss, no muss. I really appreciated it. The lead person handled it herself".

It was recommended that the coordinating committee make better use of time, facilitate a smoother registration process, anticipate the technological needs of session presenters and simplify the evaluation forms.

Time: One participant said that "it took way too long to make decisions about accepted poster abstracts. I almost couldn't come because the decision came so late". Aside for the time it took to notify presenters of their acceptance, the actual timing of the conference was to be commended. This Summit was scheduled around the same time as the State Women's Health Coordinator's Meeting which made it more convenient for them to attend.

Registration: It was recommended that future conferences have an online registration process that could email registration con-

firmations. Also, the cost of attending the Summit could have been minimized as a perceived barrier if CMEs were included in the registration fee and if consumers were offered full and/or partial scholarships.

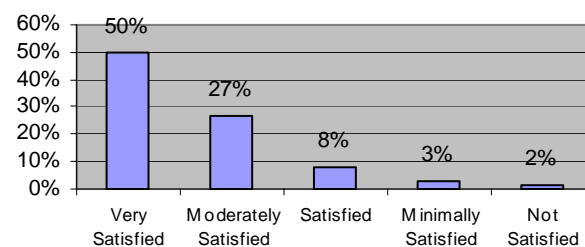
Session Technology: Many participants expressed their frustration with the time wasted on addressing the many technological difficulties speakers faced when attempting to upload PowerPoint presentations. For future Summits, the coordinating committee could require that all session presenters provide an electronic copy of their presentation so that all presentations are up loaded to the computers prior to the session start time. It can also be required that all session presenters bring hard copies of their presentations so if their pre-uploaded presentation fails to appear, they can distribute handouts and precede with their presentation. These two recommendations are just a couple of many tips that the Coordinating committee can provide to all session presenters (see Speaker Tips on pg 7).

Evaluations: In order to increase the likelihood of

Summit participants returning completed evaluation forms, the forms must be as simple and easy to follow as possible. Some Summit participants mentioned the lack of ease in completing the forms. The following are very simple solutions to reduce difficulties in submitting completed evaluation forms:

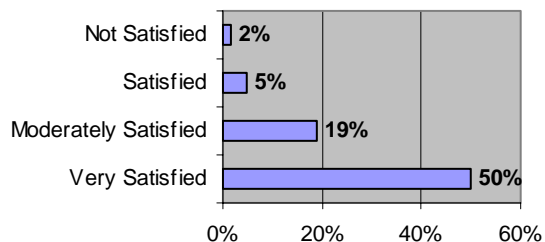
- Use the same scale on each evaluation form. The ranking scale on one form went in the opposite direction of the scale on a previous form- this leads to confusion and misinterpreted feedback.
- Staple multiple evaluation form pages so they are not misplaced.
- Have the session titles and speakers pre-printed on the forms (instead of requiring the participant to remember)- this can lead to loss data.

On-Site Meeting Logistics



How were hotel accommodations?

Sleeping Accommodations



The majority of the comments about the hotel were on the temperature of the rooms. Many Summit participants felt that the rooms were uncomfortably cold. Others felt that some rooms were too large and/or small for particular sessions. However, it was mentioned that the hotel staff was responsive to those who expressed discomfort. A Summit participant noted that the hotel rooms and parking were expensive. The coordinating committee should consider the cost of hotel rooms and available parking when considering locations for future Summits. Session moderators can be made responsible for gauging the comfort of attendees with the room temperature. Lastly, the coordinating committee can use the evaluation results to determine which sessions may require larger/smaller rooms based on anticipated attendance rates of each.

The BIG and HEAVY Summit Binder

Overall, the binder used to store the Summit agenda and related materials was not well received. Many found the binder to be very big, heavy and difficult to navigate. The coordinating committee must determine a more appropriate way to provide this material in a way that is user friendly. Some recommendations to limit the number of paper participants must tote during the conference includes the use of:

- A small booklet of the day-to-day schedule,
 - Room assignments on the same page as the agenda,
 - Printed materials on double sided paper, and
 - CD-ROMs of all session presentations.
- Although the binder included hordes of valuable information, Summit participants provided some suggestions on items that would have also been useful to include in the binder:
- A list of health related websites,
 - A copy of the Federal organization chart,
 - A complete list of all conference attendees, abstracts and speaker bios, and
 - The presentations and speaker bios placed in order of the speakers on the agenda.



Participants want HEALTHY food

There was an overwhelming concern with the type of food served during the conference. Because many of the plenary sessions focused on the health disparities and chronic diseases [in] directly related to a poor diet, it seemed contradictory to serve anything but nutritious foods/snacks. While the Wellness Center checked blood sugar, there were platters in adjacent rooms filled with cookies and ice cream bars for conference participants to indulge in during breaks. Nonetheless, when fruit was offered as a snack, some conference participants suggested that more than fruit be made available during breaks. Below are some of the comments on the food/snacks served during the conference:

- The food served should have been coordinated with the 'healthy eating' theme of the Summit,
- Pastries was not a healthy choice for breakfast, and
- Obesity was a topic mentioned a lot throughout this conference, yet no

example was set for healthy eating. Although many participants shared their dissatisfaction with some of the snacks served, the catered food served by the hotel staff during the luncheon received many praises:

- Luncheon food was outstanding, and
- Lunches were good and set up nicely.

However, one participant shared that she was "disappointed with the cheesecake for dessert" and went on to state that "lactose intolerance is common in women of color—cater to us!". There are some ways to improve future lunches:

- Include smaller servings during lunch,
- Serve low carbohydrate foods,
- Serve low-fat dressing with the salads, and
- Offer vegetarian options during every meal.

Some conference participants not only took time to comment on the types and quantity of food served during lunch, sessions and breaks but also

the amount of time allotted to eat.

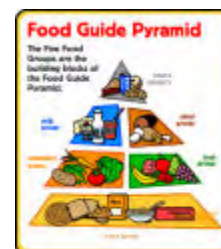
- One participant said "If possible, you may want to try having breakfast foods/meal in the same room that the presentation is taking place instead of taking food away and having to usher folks into session(s) on the timeline of other rooms. Then you will not have this apparently 'controlled' time frame for eating".

While voicing discontent with some of the food/snack selections, participants also offered suggestions on healthier food options:

- More fruit,
- More yogurt and/or cottage cheese,
- Protein bars,
- Sugar-free or low glycemic foods, and
- Consider fruit salad or sherbert for dessert.

One participant said "I know it's hard to regulate or control hotel menu options, but perhaps you can look at hotels or conference centers that offer healthier food options".

"How can we preach healthy living to others but not provide healthy options for ourselves?"



Luncheon Presentations: Diabetes and Cancer

“Overall, the Summit was very well organized, informative and provided great professional development to early career professionals”

There were two luncheon presentations. The first was entitled *Diabetes: What You Don't Know Can Kill You* and the other was entitled *Cancer: How to Reduce Your Risk*. Each luncheon presentation included a panelist of speakers and Q & A session. Below are positive feedback and suggested areas of improvement for both presentations:

Diabetes

- The presentation really related to me and all the people I know – I just want to share all this information with everyone

- The panelists were motivational, informative and humorous
- I like the variety and different avenues the speakers came from
- Thanks for providing the American Indian/Native perspective – we're often considered the invisible minority

Cancer

- The panel was exceptional and well balanced
- The speakers were very clear, energetic and informative!

- Many of my Native American family members have lost the fight to breast cancer and I appreciated having them specifically addressed

- The STEPWISE presentation was wonderful
- Thanks for addressing community perceptions

Needed Improvements

- Include “best practices” from across the country
- Include handouts or web-site references
- Include a separate speaker contact list

Opening and Closing Plenary Sessions



The Opening Plenary was entitled *Exploring Accomplishments in Minority Women's Health*. One participant said it was a “great kick off to start this conference, [there was] wonderful energy and commitment expressed by all presenters”. Below are what others had to say:

Positive Remarks

- Very motivational & dynamic speakers
- The presentations were all

high energy, informative and inspirational for taking action on minority health disparities

- Speakers were knowledgeable and left me with a sense of responsibility to know the community

Needed Improvements

- May need time for Q & A
- A timeline would have been helpful to see what has been done in the last 7 years

- Speakers were either not told how long they had to present or speakers failed to prepare their presentations within the allotted time

Although the Closing Plenary was entitled *Where Do We Go From Here? Setting a Plan for Action to Reduce Health Disparities in Minority Women*, many found it rather disappointing. It was said to “lack a summary, charge to move forward or discussion of strategies to stay connected”.

“I enjoyed the aerobics at the beginning of the Saturday session, in particular. It inspired me to start exercising before work-something that I have been considering, but haven't done yet”

Plenary II: Heart Disease

The second plenary was entitled *Heart Disease: The #1 Killer of Minority Women*. Below are some of the positive remarks about this amazing panel of experts:

- All presenters were knowledgeable
- Excellent information! Glad to hear about rural women and access to healthcare
- Thanks for including some American Indian/Alaska Native data, I rarely see

that in a national presentation

- The “thought for the day” was fabulous! It would be wonderful to have a copy!

Even though some participants described this panel as well organized and informative, other participants did not share the same sentiments:

- The conference needs to be more inclusive of Hispanics...there was not one Latina on this panel

- The fitness speaker needed a wireless microphone on the platform
- Handouts from each presentation would have been helpful
- Presentations were repetitive, simplistic and just scratched the surface
- The welcome and introductions were so long that it took time away from presenters time
- Needed more information on qualitative research



Plenary III: HIV/AIDS

The third plenary session was entitled *HIV/AIDS: Take the Power to Prevent It* and was deemed as an important discussion area by most participants (see HIV/AIDS Table below). Some of the following remarks indicate how much this plenary was enjoyed by those in attendance:

- It was helpful to have animated speakers who do not have to rely on PowerPoint.
- Enjoyed the stories as opposed to statistics
- Speakers were spellbinding! They captured everyone's full attention
- The discussion was very well rounded – from anecdotal stories to research
- I enjoyed the diversity of the presentation and presenters
- How can the coordinating committee improve this session to be even a bigger success?
- Include a public policy person on the panel
- Include a clear statement of the government's position on prevention
- Distribute fact sheets on infection rates
- Discuss HIV/AIDS progress and continuing challenges
- Repeat this topic with lifespan considerations of HIV/AIDS
- Provide information on effective and innovative HIV/AIDS prevention interventions
- Start the panel with statistic driven epidemiology speakers first; then finish with the more personal testimonials to bring it home

Opening Plenary Session: Exploring Accomplishments

	Agree	Disagree	N/A
Was important for understanding health issues of women of color	88.4%	0.0%	0.0%
Met my needs and expectations	83.2%	0.6%	2.6%
Provided me with information to help me serve my community better	79.4%	4.5%	2.6%
Audiovisual presentation and handout materials were useful	21.9%	1.9%	51.0%

Plenary Session II: Heart Disease

	Agree	Disagree	N/A
Was important for understanding health issues of women of color	87.4%	0.0%	0.0%
Met my needs and expectations	85.2%	1.1%	1.1%
Provided me with information to help me serve my community better	84.2%	1.6%	1.1%
Audiovisual presentation and handout materials were useful	76.0%	6.0%	2.2%

Plenary Session III: HIV/AIDS

	Agree	Disagree	N/A
Was important for understanding health issues of women of color	86.5%	0.0%	0.6%
Met my needs and expectations	73.3%	1.2%	0.0%
Provided me with information to help me serve my community better	79.6%	2.5%	4.3%
Audiovisual presentation and handout materials were useful	56.2%	4.9%	16.7%

Closing Plenary Session: Setting a Plan for Action

	Agree	Disagree	N/A
Was important for understanding health issues of women of color	72.2%	1.9%	0.0%
Met my needs and expectations	67.6%	6.5%	0.0%
Provided me with information to help me serve my community better	67.6%	2.8%	0.9%
Audiovisual presentation and handout materials were useful	58.4%	5.6%	4.6%

Did the MWHS Live Up to its Expectations?



“Congratulations to the organizer for pulling together such a great group of presenters and participants. It was a new mix of scientific, program and motivational speakers”.

The Exhibit Hall and Wellness Center were a big hit! There were a multitude of exhibitors present and the Wellness Center offered a variety of screenings. With the Wellness Center being ranked the 3rd program component found to be 'very useful', some participants noticed that many of the vendors did not attend the Summit past the 2nd day. Because many participants took advantage of the screenings and services offered in the Wellness Center, the coordinating committee should stress the importance of Exhibit Hall and Wellness Center vendors attending the conference in its entirety. Perhaps including more than one person from each organization will not only allow the representa-

tive an opportunity to participate in the Summit, represent their organization, but also, provide education/service to the many participants in attendance. It was suggested that a bone density and osteoporosis test be added to the Wellness Center next year.

Aside from a few disappointments due to speakers not showing up and/or participating in debates with other session speakers, the majority of session comments were highly favorable. The session with the greatest number of positive remarks was the *OMH Session on Environmental Justice*. One of such comments included: “This was the best workshop I’ve attended so far at this conference. Thank you for this well planned panel. I

leave with plans to follow-up on action steps with at least two of the speakers”. The *Cardiovascular Disease Session (Workshop D)* was said to provide “a practical discussion on how to replicate”, the *Pregnancy Session* was riveted for providing an “excellent outreach model for high risk pregnant women living with HIV” and attendees exclaimed that they “loved [the] open conversations on racism and healthcare” in the *Access to Care Session*. Participants believed that the “fitness guru” also added a lot to the Summit. The Summit received innumerable accolades and enthusiasm to attend future Summits. However, participants will benefit from a more improved and enhanced Summit: (see below)

Recommendations for the Planning Committee

- Tape proceedings
- Include microphones in every session
- Provide a media room for speakers to load their presentations before sessions begin
- Each session should have a student participant/volunteer to assist presenters and moderators with difficulties or finding hotel staff that can help with technical difficulties
- (volunteers may be compensated with a free registration and be required to attend at least 2 sessions)
- Provide clearer signage and designation in agenda for workshop location
- Don't “save” disability for the last morning- it's already a marginalized topic
- Include less presentations from MDs or RNs and more from people living with the diseases we discuss
- Have more Asian & Pacific Islander representation during the plenaries and workshops.
- Provide a separate room for HIV testing from the other screenings- **CONFIDENTIALITY IS KEY!!**
- Have this conference at least every 2-3 years for on-going education that can be disseminated

NEWLY Proposed Workshop Topics & Summit Themes



TOPICS

- Lesbian health
- Infant Mortality: The Health of the African American Woman
- Overcoming specific population barriers
- Building diversity in the healthcare workforce
- Working with the media
- Community program evaluation
- Academic-community partnerships
- Government structure
- U.S historical/institutional racism & structural barriers
- Health insurance options and its impact on health

THEMES

- Incorporate a grassroots perspective in presentations
- Frame the conference using a life cycle model
- Summit and sessions goals should focus on what works and skill building

[Expanding] Existing Session Topics

Many of the participants enjoyed the wide range of topics discussed in the sessions and have provided suggestions on ways to expand these discussions:

- Include information on innovative approaches to address health disparities
- Include information/emphasis on how to work with economic development programs to improve health status
- Incorporate more of the "what's next" in every presentation
- Expand the panel of experts to include younger & older minority women and PLWA
- Discuss HIV testing/disclosure among young people
- Include more information on IRB and ethical considerations as a barrier to HIV clinical trial recruitment and retention
- Provide information on intramural research and ways to fund research across all levels of training, especially for minorities
- Focus on how to apply research and its practical implications
- Include lupus as a Plenary Session topic or Luncheon presentation
- Expound on environmental health issues
- Incorporate people with limited mobility & stamina and whose weight is a result of medical side effects in the Nutrition & Exercise session



Speaker & Moderator Tips

Powerpoint:

- Use the slides as a guide for presentations instead of merely reading line by line
- All slides must include citations/references when statistics are provided
- All slides should be saved on a disk, should be printed for attendees and must include readable fonts/colors

Sessions:

- Cater discussions for the audience (i.e. use less technical terms for lay health persons)
- Remain cautious not to breach confidentiality of clients/patients when discussing programs

Panels:

- Either decrease the amount of speakers, increase the time allowed for each speaker or remain strict about time limits
- Ensure that panels do not include repetitive presentation information. Delegate content to certain panelists so that there is one with background information and others that fill in [as appropriate].

Moderators:

- Briefly introduce each speaker since the bios are already provided for each attendee and there is a time constraint for each session
- Consider taking questions after each speaker rather than holding them until the end (be strict on time)

"The conference overshot my expectations by 300%. I learned something in every single session".

Ideas for Additional Summit Components

- Recommend an advocacy board for patients to report inadequate care/lack of touch/poor services. Have decoys visit these sites with a follow-up report to see particular physician or site
- Break into smaller groups and so participants can use 'expertise' to come up with broad recommendations on areas such as education, screening, research, treatment. In this way, we could take ownership of our recommendations and responsibility in implementing them.
- Have a "sister circle" for consumers and a panel to express our experience living with our illness
- Provide organized morning/evening fitness events where participants can earn a t-shirt
- Have all Summit participants receive a certificate of attendance
- Include a youth track – targeting young adolescent women. It could culminate in a "health right of passage ceremony."



**"THIS CONFERENCE
WAS
BENEFICIAL
TO ALL WOMEN,
REGARDLESS
OF COLOR!"**

Summit Co-Chairs:
Frances Ashe-Goins
Patricia Ware
Dee Baldwin
Adrienne Smith
Elizabeth David

Office on Women's Health
Department of Health and
Human Services
200 Independence Avenue,
SW Room 712E
Washington, DC 20201
Phone: 202-690-7650
Fax: 202-205-2631

www.4woman.gov

Note about data:

Participants were asked to rank sessions using a Likert Scale of 'strongly agree' to 'strongly disagree'. The data categories on page 5 have collapsed 'agree' and 'strongly agree' as 'AGREE' and 'disagree' and 'strongly disagree' as 'DISAGREE'.



...improving the health of every woman.

Minority Women's Health Summit Objectives:

1. Explore current prevention strategies that work in various communities, both urban and rural;
2. Promote dialogue among policy makers, service providers, community women, academia and other stakeholders to address current health care issues for women of color;
3. Recommend action-oriented strategies to increase positive health outcomes for women of color across the lifespan, from rural and urban communities;
4. Foster community partnerships to identify and implement best practices that target prevention, diagnosis and treatment of diseases that disproportionately affect women of color;
5. Promote strategies to diversify leadership in health sciences, education, research and policy; &
6. Ensure health issues for women of color remain at the forefront of national, state and local health policy agendas.

Kudos to the MWHS Planning Committee!

Education Dissemination Subcommittee

Vicki Mays*, Judy Ann Bigby, Michelle McQuirter, Donna Washington, Jacqueline Wiltshire, Barbara Yee, Darlene Yee-Melichar

Exhibit Subcommittee
Ann Abercrombie & Henrietta Terry*, Kirsten Aghen, Lacie Koppelman, Emmet Nixon

Local/Site Subcommittee
Henrietta Terry*, Angela Bates, Lorraine Cole, Barbara Fine, Wilma Tilson,

Program/Agenda Subcommittee
Rosaly Correa-de-Araujo & Lillian Tom-Orne*, Linda Allen, Luz Alvarez Martinez, Nancy Atmospera-Walch, Duiona Baker, Dee Baldwin, Jameta Barlow, Margaret Bate', Angela Bates, Joedrecka Brown, Delia Camacho, Molly Carnes, Cindy Diggs, Sanda Estepa, Miguel Gomez, Miryam Granthon, Yvonne Green, Betty Hawks, Valli Kalei Kanuha, Donna Lewis-Johnson, Michelle McQuirter, Martha Medrano, Janet Mitchell, Susan Russell, Gloria San-

chez-Araiza, Chandra Smith-Collier, Suganya Sockalingam, Ramona Tascoe, Joyce Townser, Trina Evans Williams, Milta Vega Cardona, Earlisha Ward, Cheryl Washington, Jacqueline Wiltshire, Evaon Wong-Kim

Public Relations/Media Subcommittee
Linda Allen & Maria Gomez-Murphy*, Jameta Barlow, Margaret Bate', Ming-der Chang, Cindy Diggs, Miryam Granthon, Jodi Hall, Diedra Henry, Candice Jett, Joanna Short, Jaci Thompson-Dodd, Earlise Ward, Patricia Ware, Evaon Wong-Kim

Scholarship Subcommittee
Betty Hawks & Evaon Wong-Kim*, Dalana Johnson, Loretta Jones, Anna Kindermann, Sabrina Matoff, Amelie Ramirez, Henrietta Terry, Jane Wargo

Wellness Center Subcommittee
Taya McMillian & Angeline Widmer*, Mary Bowers, Joedrecka Brown, Linda Russell, Kim Sanders, Joanna Short, Suganya Sockalingam

Young Women's Subcommittee
Wilma Tilson & Nicole Prudent*, Jameta Barlow, Margaret Bate', Angela Bates, Judy Ann Bigby, Cindy Diggs, Kaye Hayes, Diedra Henry, Jin In, Candice Jett, Shermaine Kenner, Anna Kindermann, Kymian Ray, Kelly Shell, Sherry Williams

Members at Large
Christopher Bates, Moushumi Beltangady, Christina Borba, Renee Bouvion, Georgia Buggs, Lydia Buki, Gina Ciagne, Ho'oipo De-Cambra, Theresa Duello, Epi Elizondo, Annie Fair, Charon Flowers, Charlotte Gish, Alma Golden, Marsha Henderson, Yvonne Jackson, Shandrea Jeffery, David Johnson, Wanda Jones, Gillian Kimura, Lindsey Kirn, Laurie Konsella, Marie Ma'o, Saralyn Mark, Louise Martin, Twila Martin Kekahbah, Marian Mehegan, Rosa Myers, Sharon Ricks, Valerie Scardino, Beverly Smith, Brenda Williamson, Jeanean Willis

* Denotes Subcommittee Chair (s)